

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



CENTERS for MEDICARE & MEDICAID SERVICES

Region VIII

August 6, 2009

Ms. Mary Dalton
Medicaid Director
Montana Department of Public Health and Human Services
Health Policy and Services division
111 North Sanders, Room 301
P.O. Box 4210
Helena, MT 59620-4210

Re: SPA 09-014. Hearing Aids

Dear Ms. Dalton:

Please be advised CMS has approved Montana State Amendment 09-014 Hearing Aids. The state plan amendment is approved with an effective date of July 1, 2009. We appreciate the cooperation extended by your staff in the review and approval of his state plan amendment.

If you have any questions regarding this State Plan Amendment please contact Diana Maiden at 303-844-7114.

Sincerely,

Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ms. Jo Thompson, Montana State Plan Coordinator

MONTANA

- I. Reimbursement for Hearing Aid Services (EXCLUDING HEARING AID(S) shall be the lower of the following:
- a. The provider's* usual and customary charge for the service, or
 - b. The Department's fee schedule or
- II. Reimbursement for Hearing Aid(s) shall be:
- a. The invoice cost from the manufacturer not to exceed the established rate on the fee schedule.
 - b. The invoice cost from the manufacturer for hearing aid repairs.
- III. The Department's fee schedule is determined by:
- a. Establishing a fee for each new service which has been billed at least 50 times by all providers in the aggregate during the previous 12 month period. The Department shall set each fee at 90% of the average charge billed by all providers in the aggregate.
- IV. All private and governmental providers are reimbursed according to the same published fee schedule. The agency's rates were set as of July 1, 2009 and are effective for services on or after that date. All rates are available on the department's website at www.mtmedicaid.org.

*A provider is a licensed hearing aid dispenser who is individually enrolled in the Montana Medicaid program.

TN# 09-014
Supersedes TN# 08-023

Approved

8/3/2009

Effective 07/01/2009